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CONTRACTION OF THE NECK OF THE BLADDER.

[Read before the Suffolk District Medical Society, February 7th, 1855, by D. D. SLADE, M.D., and communicated for the Boston Medical and Surgical Journal.]

WHILE in Paris my attention was frequently called, by my excellent friend M. Caudmont, to a peculiar morbid condition of the urinary organs, which has not been recognized as a distinct disease by any writer upon these organs. Frequent opportunities for the study of this affection were presented in the wards of M. Civiale, at the Hopital Necker, and a charitable infirmary opened by M. Caudmont. To this morbid condition of the urinary organs, M. Caudmont has given the term, Contraction of the neck of the bladder—*La contracture du col vesical*; and to him is due the merit of first classifying it as a distinct disease.

It is the object of the present paper to describe the situation and nature of this affection as set forth by him, and as presented to my own observation.

First, what are we to understand by *the neck of the bladder*? As described by most anatomists, this term is limited to the urethro-vesical orifice, but surgically speaking, it should be considered as comprising not only this orifice, but also the deep portions of the urethra as far forward as the triangular ligament; or, in other words, as occupying the entire membranous and prostatic portions of the canal.

Secondly, if we admit the existence of such an affection as the one under consideration, we must establish the presence of muscular fibres about the neck of the bladder, such as I have described it. Now, the scalpel easily demonstrates to us the existence of such fibres, surrounding the deep portions of the urethra, and arranged in such a manner that, by their action, they have the power to diminish and even to close the canal, acting as a well-adapted sphincter. These muscular fibres are well known under the name of Wilson and Guthrie's muscles, and I shall not occupy space by a description of them.

As to the urethro-vesical orifice itself, the *anatomical* neck of the bladder, without going into a consideration of the much-mooted point, whether it possesses a true sphincter, or whether it has two

lips acting as valves, as some French writers maintain, it is sufficient for our present purpose to say, that it has muscular fibres entering into its composition, and is therefore endowed with muscular contractility.

All muscular fibre is susceptible of *spasm* and *contraction*; consequently the neck of the bladder, having muscular structure in its formation, submits to the same law; a fact which is daily made evident to us when we pass the bougie or catheter. Therefore, *contraction of the neck of the bladder* may be defined as a peculiar morbid condition, characterized by certain troubles in micturition, by pain, and by other symptoms which I shall describe, and dependent upon the involuntary and permanent contraction of Wilson & Guthrie's muscles, and of the muscular fibres about the urethro-vesical orifice.

This affection may exist in very different degrees. It may be sufficiently violent to produce retention of urine, although generally it is far less formidable. Contraction is distinct from spasm, which is essentially temporary; although the former may commence with spasm, and may also be complicated by it. Contraction comes on slowly, and generally disappears in a like manner.

This morbid condition existing independently of every other appreciable lesion, is described by MM. Roux, Velpeau and Civiale under the terms *neuralgia*, or *nervous conditions* of the deep portions of the urethra and of the neck of the bladder. M. Civiale says, "the sensibility and contractility of the neck of the bladder are so intimately connected, that any increase in the one ought to modify the other, and thus affect the functions of the bladder. We shall see, in fact, when we speak of the diseases of this organ, that the different degrees of the contraction of its neck, play a conspicuous part in most of the affections by which the bladder is attacked."

Symptoms.—These consist, chiefly, in the difficulty which attends micturition, and in pain. The desire to urinate is frequent, and in some cases so imperious, that the patient cannot wait either for a suitable time or place. He is obliged to strain in order to commence micturition, and the stream is sometimes suddenly interrupted in the midst of the process, as if a foreign body had intervened. The jet is not so large as natural and is not so well thrown out, the last drops tending to fall upon the trowsers or upon the thigh of the patient. The *coup de piston*, the last spasmodic effort of the bladder, is absent or badly performed. The character of the urine may or may not be changed. The patient is not unfrequently troubled by partial erections, particularly at the moment of micturition; these become at night, full, complete, very frequent and fatiguing.

Pain does not always nor necessarily accompany contraction. When present it varies in intensity and character, and is often intermittent. It is rarely present when the affection attacks children, and is most marked when the contraction depends upon rheumatism, and in that form which is due to a chronic inflammation of

the neck of the bladder. It may amount to only a sensation of tickling, or may be acute and lancinating, and is most felt at the moment when the desire to micturate comes on, and is referred by the patient to the lower surface of the *fossa navicularis*, and sometimes to the bulbous portion of the canal. Occasionally, it occupies the entire canal, and even spreads to the anus, pubes, thighs, and to other contiguous parts.

There is one peculiar pain, which is eminently characteristic of the contraction of the neck of the bladder, and this is felt just at the commencement of micturition, and is due to the forced opening of the contracted muscular fibres. This persists sometimes during the passage of the urine, and may be occasionally felt after the act has been completed.

After this affection has existed a certain time, we have complications arising, among which may be mentioned spasm after sexual intercourse, retention of urine, vesical catarrh, incontinence of urine especially among children, obstinate erections and long-continued gleety discharges. We may add to these a constricted condition of the sphincter ani, and of the muscles of the perineum. Some patients complain even more of this, than of any trouble at the neck of the bladder. This is the *ano-vesical neuralgia* of some authors, a condition which is accompanied by lancinating pains at stool, and by obstinate constipation.

Velpeau, speaking of anal neuralgia, says—"there is a very singular malady which appears to me to have its seat at the neck of the bladder much more often even than in the anus, and to depend frequently upon a hemorrhoidal condition of the lower part of the rectum."

Diagnosis.—Besides the pains which patients suffer at the commencement and at the termination of micturition, and in addition to the alteration in the stream, it is by local explorations, by catheterism, that we are to establish the presence of contraction of the neck of the bladder.

When we introduce a bougie or catheter into the healthy urethra, and pass it gently, we meet with a slight resistance, but a resistance which yields almost immediately. In contraction, on the contrary, the resistance is almost similar to that afforded by a stricture, although, of course, not so great, nor so well marked. Moreover, that peculiar grasping of the instrument which we meet with in stricture is wanting. After a moment's cessation, this resistance yields, and the instrument is allowed to pass freely as far as the urethro-vesical orifice, where a similar resistance is met with, which also soon yields, the patient experiencing during this time a burning sensation in the parts.

The instrument best calculated for the detection of any degree of contraction, is a medium-sized gum-elastic bougie with an olive-shaped button at the end. If we make use of the wax bougie, which is also an admirable instrument in these cases, care should be taken to bend the end for the space of half an inch or so—in order

to avoid the sinus of the bulb—this portion of the canal, in contraction, being drawn downward and backward by the muscles of the perineum.

Prognosis.—This malady in itself is but of comparatively slight importance, but the complications to which it may give rise render it serious. It is rebellious to treatment when it is due to any peculiar diathesis, or to some local organic affection.

Causes.—The causes of contraction of the neck of the bladder are various, and may be either local or general. Among the first, gonorrhœa stands preëminent, especially when of long standing, and when it has attacked the deeper-seated portions of the canal; the presence of simple inflammation or irritation in the neighborhood of the neck of the bladder, organic strictures, calculi, diseases of the prostate, fungoid vegetations, obstinate constipation, hemorrhoids, &c.

The general causes, are, the nervous temperament, nervous affections, general debility, serofulous habit of body; and above all, according to M. Caudmont, rheumatic affections predispose to this complaint. All ages and each sex are equally subject to it.

Treatment.—In our treatment, we must first seek the cause of the contraction, and according to the cause, so will the treatment be either medical or surgical, or both combined. As regards the medical, we shall derive benefit from the administration of tonics, as the preparations of iron, iodide of potassium, &c., combining with these the use of sulphur baths, frictions, and douches of cold water upon the pubes, groins and perineum. The application of electricity has been found useful in these cases. Suppositories, opiate enemata, belladonna ointments, are all highly useful. The bowels should be kept free by gentle laxatives, or by enemata. I have seen most decided benefit derived from the internal use of belladonna, particularly in the cases of children, who were suffering from incontinence of urine, dependent, almost always, according to M. Caudmont, upon contraction of the neck of the bladder.

In the surgical treatment, to which we are most generally obliged to have recourse, gradual dilatation of the canal by means of the wax bougie is necessary. The instrument should be passed with great care and gentleness, every two or three days, according to circumstances, and should be retained for a few moments only, particularly at the commencement of the treatment. This gradual dilatation has been found to give more satisfactory results than when the dilatation has been forced and sudden. Of course, we should gradually make use of larger sizes as we advance in the treatment.

Cauterization is much more applicable to those cases depending upon chronic inflammation, and where a gleety discharge is present, than where the contraction depends upon a rheumatic diathesis, or upon neuralgia. We may make use of the solid nitrate of silver, passed down by Lallemand's or any other suitable instrument. Certain pomades, such as the red precipitate, double mer-

curial, &c., passed into the urethra by means of an olive-shaped bougie, are often extremely useful. I can speak with confidence of the employment of this treatment in obstinate gleet. In our surgical treatment, care should be taken to avoid exciting inflammation or irritation by too hasty attempts at a cure. If such complications arise, as in many cases they will, a suitable antiphlogistic treatment is to be adopted.

Incision of the contraction has been advised, but I can hardly imagine cases to arise where other less objectionable means of cure would not avail.

An occasional passage of the bougie will serve to keep the canal free, after the contraction has been overcome.

ANEMIA AND CHLOROSIS.

[Translated from MM. Becquerel and Rodier's *Chemical Pathology*, by A. B. HALL, M.D., Boston.]

THE word anemia is considered as a bad expression, but is continued in use, as a synonym of an alteration of the blood characterized by a notable diminution of its globules. Anemia, thus understood, is an important element of several diseases, such as chlorosis, Bright's disease, organic affections of the heart, &c.

An analysis of ten cases of symptomatic anemia is given; six males and four females of different ages. The density of the blood is greatly diminished. Globules below natural standard; fibrine natural or diminished; albumen usually unchanged. The density of the serum is generally maintained in the ordinary physiological limits. Three times the anemia was the consequence of privation and bad alimentation; three times it arose from hemorrhoidal flux; once from hemorrhage following accouchement; once from cancer of the liver; once from uterine catarrh; and finally, in one patient there was no appreciable cause.

Chlorosis is considered as having its primitive seat and point of departure in the nervous system, determining, consecutively, symptoms of indigestion, disturbed menstruation and an unequal circulation. If such a definition is exact, an alteration of the blood in chlorosis is not a primitive fact, but a consecutive, secondary phenomenon, and one which is not absolutely indispensable to constitute this disease. Several examples are given of well-developed chlorosis, possessing marked physical signs, in which no appreciable modification of the blood is observed. Notwithstanding these facts, the majority of chlorotic patients present an alteration of this liquid, depending upon the intensity and duration of the disease.

Six analyses of the blood in chlorotic women are given; ages from 19 to 22. Results: considerable diminution of globules, fibrine constantly increased, and albumen in normal proportion.

Comparison between Chlorosis and Anemia.—Some pathologists

affirm that there is no difference between chlorosis and anemia; or that in the two morbid states there are only some slight points of difference, and these entirely secondary. Others consider that they are two affections, and that the difference consists in the fact that the former is usually developed spontaneously, while the latter is always a consecutive phenomenon to some cause easily shown. MM. Becquerel and Rodier go still further in showing the dissimilarity of these two morbid states, and consider the subject under seven points of view. 1. Causes. 2. Modes of development. 3. Symptoms. 4. Physical signs. 5. Composition of the blood. 6. Progress and duration. 7. Therapeutics.

1. *Causes.*—In this respect there exists no affinity between chlorosis and anemia. In the one, the cause for the most part is unknown; it is a perturbation of the nervous system; the exact point of departure is difficult to define. There is a certain number of circumstances which constitute a predisposition to and favor the development of chlorosis. Among them may be mentioned that it occurs almost exclusively between the ages of 15 and 25; that it is developed only in females; that moral emotion and grief sometimes favor its rapid development, and that the dwelling in cities and sedentary life exert an influence upon the manifestation of this disease.

In anemia it is wholly otherwise. The cause is manifest, positive, and numerous circumstances essentially different may develop this morbid state which is not properly a disease, but a symptomatic or consecutive morbid condition. Anemia may manifest itself at all ages; both sexes are equally subject to it. And among the appreciable causes may be mentioned insufficient aeration of the blood, vitiated atmosphere, humidity, defective isolation, in-nutritious alimentation, hemorrhages of diverse nature, excessive bloodletting and purging, diarrhoea, increased flow of urine, abundant suppuration, excessive coition, masturbation, leucorrhœa, drop-sies; certain poisons, such as miasmatic infection, lead and mercurial intoxication; certain syphilitic, cancerous and tuberculous cachexies, prolonged acute and chronic diseases in which the diet has been rigorously enforced and the loss of liquids has been very notable, &c.

2. *Modes of Development.*—In chlorosis the malady is, in general, developed insensibly, and without the phenomena appearing in connection with any appreciable cause. For the most part they are menstrual troubles, which in a great many cases are not properly understood, nor remedied till the external aspect of the patient too truly reveals the nature of the disturbance.

In anemia the phenomena always appear to follow an evident and appreciable cause. Their intensity is in affinity with the intensity of the cause, and their manifestation follows immediately the condition which has given it birth.

3. *Symptoms.*—In chlorosis nervous phenomena are predominant. There is a disturbance of the nervous system. The character

changes, the temper is altered, young subjects often become sad, morose, fantastical. The sensibility is often profoundly modified ; cephalalgia, vertigo, tinnitus aurium, neuralgia of every kind, and of various organs, gastralgia, simple or flatulent enteralgia, nervous palpitations, &c., are frequent symptoms. The power of movement is often equally altered ; the strength is diminished ; patients are subject to spinal deformities and muscular pains. In some cases the phenomena of chorea and hysteria are manifest ; at other times there is a modified appetite, increased thirst accompanied with a desire for acid drinks, difficult digestion, abundant secretion of gas, obstinate constipation, &c. There is also pallor of the skin ; sometimes, a yellowish, greenish hue, with paleness of the mucous membrane, exists from the commencement of the malady. Dysmenorrhœa, amenorrhœa and leucorrhœa are frequent or constant phenomena in chlorosis.

In anemia the aspect of the patient is for the most part otherwise ; the nervous phenomena are only secondary, and are often completely wanting. Loss of strength, lassitude, debility, and, in an aggravated form of the disease, cephalalgia, vertigo and nervous delirium, are the only characteristic phenomena. As to neuralgia and other nervous affections, they are often wanting ; and when they do occur, they have not the same intensity, and present nothing characteristic. The digestive tube generally remains unmodified in anemia of medium intensity. We do not observe those fancied appetites, gastralгias, flatulent enteralгias and constipations so constant in chlorosis. The exaggerated thirst is almost always more acute than in chlorosis. The menstrual troubles may be completely wanting in anemia. Sometimes there may be amenorrhœa, dysmenorrhœa, or leucorrhœa ; but these symptoms are less constant and less marked. Palpitation and dyspnœa are still more marked in anemia than in chlorosis. They are entirely subordinate to the degree of modification of the blood ; that is, to the diminution of globules. There is a difference in the tint of the skin. The intensity is wholly in accordance with the change in the blood, and the yellowish, greenish hue is generally absent.

4. *Physical Signs.*—The cardiac and vascular sounds are often the same both in chlorosis of medium intensity and well-defined anemia. Sometimes, however, these sounds present some particular characters which are conclusive in the diagnosis of these two affections. In chlorosis, there is generally a soft *bruit de soufflet* at the base of the heart, coinciding with the first sound, and propagated along the aorta ; in the vessels of the neck, an intermittent *souffle*, corresponding with the first sound of the heart and seated in the carotids ; a continued *bruit de soufflet*, presenting different characteristics, having its seat in the jugular vein ; and finally a continued *souffle*, with reduplication, which results from a combination of the continued venous *souffle* and the intermittent *souffle* of the carotids. Nevertheless, in chlorosis there is sometimes an

absence of the *souffle* with the first sound of the heart; or there may be a continued, simple or reduplicated *souffle* without there being a very considerable diminution of blood globules.

In anemia, the vascular and cardiac sounds are somewhat different. The *bruit de soufflet* with the first sound at the base of the heart, is a *constant* phenomenon; it may exist alone without a vascular *souffle*; it is the first physical phenomenon of anemia that is established in the central organ. The intermittent *souffle* of the carotid is also one of the most constant phenomena of anemia; it is never developed without being preceded by the cardiac *souffle*, and is entirely proportional to the degree of diminution in the amount of globules. The venous continued *bruit de soufflet* is more rare; it occurs only when anemia assumes an advanced type, and when the amount of corpuscles is very much diminished. Finally, we do not find the musical murmurs, the *bruits de diable*, &c., so often as in chlorosis.

5. *Composition of the Blood.*—It has been believed for a long time, by many physicians, that the alterations of the blood are absolutely identical in chlorosis and anemia. But a careful analysis of the subject will modify this opinion and demonstrate the principal differences.

In chlorosis, there are some cases in which there is no alteration of the blood; in others it exists, but not to a degree corresponding with the intensity of the functional disturbances and the physical signs furnished by the vascular system. Yet in a certain number of cases this affinity of intensity exists.

In anemia, the alteration of the blood is constant; and the severity of the functional disturbance, as well as the modification of the vascular system, is constantly in accordance with the degree of this alteration.

In chlorosis, the chief alteration of the blood is the *diminution of globules*. However, this condition is *wanting* in certain exceptional cases; in others, it seems independent of the degree of the malady, being variable, at times feeble, then considerable. Often there is a direct relation between the degree of intensity of chlorosis and the loss of globules.

In anemia, the sum total of globules is also variable, but always in accordance with the cause which has produced it, the cause being constantly known, as before mentioned. This sum is always in relation with the intensity of the functional trouble, and is the essential characteristic of anemia, and without which it could not exist.

In chlorosis, the amount of *fibrine* is in general a little elevated above the natural standard. Sometimes this elevation is considerable, without there being absolutely any trace of inflammation.

In anemia, the amount of fibrine is preserved in its normal state, or may be diminished in severe cases as much as it is increased in chlorosis.

In chlorosis, the amount of albumen is always maintained within its habitual limits.

In anemia, the quantity is often in a normal condition, but very liable to a diminution in aggravated cases.

6. *Progress and Duration.*—In chlorosis abandoned to itself, and not treated by iron, the duration is often very long. It has nothing fixed, and we are absolutely ignorant of the influences which govern its course and duration. Sometimes it is cured, it may be under moral influence, or it may be spontaneously.

In anemia, the progress and duration are completely subordinate to the cause producing it, whatever it may be; remove the cause, and a cure will result with more or less rapidity.

7. *Therapeutics.*—The distinctions that have been established between chlorosis and anemia are important in a therapeutical point of view. Our limits will not allow us to follow the authors in their detailed account of these essential agents in the treatment of these diseases, but merely to give a few suggestions.

In chlorosis, the treatment consists—1, in the employment of ferruginous preparations. These are considered the only *positive* therapeutical means in this sometimes obstinate malady. Afterwards, secondary tonics. 2, moral influences upon young patients. 3, hygienic means relative to habitation, atmospheric vicissitudes and alimentation.

In anemia, the treatment rests upon another basis than that of chlorosis. Here, the first indication is to remove the cause, if possible, for this is almost always known. If this cannot be destroyed, the malady is incurable; or it may be said that anemia itself is incurable and can only be diminished more or less. Now if the cause can be removed with more or less facility, if it is a hemorrhage, a flux, a diarrhea or uterine catarrh, the course of treatment is evident. In uterine catarrh, for example, there exists almost always a *souffle* of the heart, being symptomatic of an alteration of the blood, which constitutes the anemia. To combat this *bruit* by iron, would give no result; whilst, on the contrary, if the catarrh is cured, the *souffle* in a few days would disappear spontaneously. This basis of treatment once adopted, other agents may be brought into use. Iron, which enjoys such reputation in chlorosis, only fills a secondary place in this affection. In symptomatic anemia, hygienic influences are of the utmost importance. Hence follows the *résumé* of treatment. 1. Remove or modify the cause whenever it is possible; thence secondary means; 2, hygienic; 3, tonic; 4, iron only in some exceptional cases, and particularly in anemia from excessive hemorrhages.

89 Salem St., June, 1855.

Reports of Medical Societies.

EXTRACTS FROM THE RECORDS OF THE BOSTON SOCIETY FOR MEDICAL IMPROVEMENT. BY WM. W. MORLAND, M.D., SECRETARY.

MARCH 26th.—*Conjunction of Erysipelas and Scarletina.*—Reported by Dr. CABOT.—A. E. G., 17 years old, on the 23d of February last, slept in the same bed with a little girl who had bad sore-throat, and who, the next day, broke out with scarlet eruption. March 7th, the patient (A. E. G.) fainted away while making beds, but felt no other trouble, and was pretty well through the day. 8th. Awoke with sore-throat, headache and pain in the back. Went to her own home during afternoon of this day. 9th. Headache and other symptoms continue, although somewhat less. 11th. Feels much better; throat nearly well. Mother noticed a little eruption, which was not apparent at Dr. Cabot's visit. 12th. Dr. C. was sent for, and found the patient feeling much more ill; erysipelas was declared upon the face; there was severe headache, and pain in the bridge of the nose. The erysipelatous blush extended over both cheeks, from the nose, which latter was involved. 13th. Erysipelas has spread, but patient feels better. 14th. Much better; erysipelas not extended, and very much faded. About the axillæ, over the mammae and chest, front, sides and back, an unusually discrete eruption of scarlet rash existed; it was more prominent than usual. Dr. Inches saw the patient at this date. 15th. Erysipelas not extended, and very faint; scarlet rash not so bright; pulse very quiet. Patient seen by Drs. Reynolds and Ellis. 16th. Erysipelas and rash both fading; pulse calm, moderate; appetite good; feels well. 18th. Eruption of scarlatina much faded; a little nausea to-day. 19th. Eruption gone; felt well. 21st. Head ached nearly all day; pain in back and limbs; loss of appetite. 23d. Well; appetite returned; a degree of soreness at the side of the nose, where the erysipelatous patch commenced; a little swelling of the parts. March 25th. Entirely well.

MARCH 26th.—*Two Cases of Eclampsia, both terminating in recovery—the first occurring during and after labor; the second, at the sixth month of pregnancy.* Dr. PARKS read the following account.

CASE I.—Mrs. G., at 19. First pregnancy. Through the day of March 14th, 1855, the patient experienced some discomfort indicative of labor, but no regular pains. At 6, P.M., the liquor amnii was discharged. At 9, P.M., regular pains commenced. At 11 1-4, P.M., I was called, and found pains recurring at intervals of five minutes. The os uteri was somewhat larger in diameter than a twenty-five-cent piece, soft, thick and dilatable. No bag of waters felt, of course. Presentation, *vertex*. Pulse rapid.

15th.—At about 1, A.M., of 15th, the os uteri being about half dilated, I gave three fourths of a drachm of the saturated tincture of ergot, with no apparent effect whatever. The pains were, throughout the night, short and inefficient, though frequent. At 5, A.M., the pains having diminished, rather than increased, I went home, and sent a dose of 30 drops of laudanum; which had been swallowed but about five minutes when the patient was seized with convulsions. I was immediately sent for, and at once, on reaching patient, administered sulphuric ether to narcotism. Incipient coma had followed the convulsions before the administration of the ether. On allowing the patient to come out of the state of etherization, she became delirious, requiring to be restrained. Complained of pain in the head. Pulse 140—small. The labor pains were now less efficient than ever. At about 8, A.M., 30 drops of laudanum were again

given. At 10, A.M., regular and efficient pains set in; the fourth of these, I think, being terminated by a strong convulsion, which left the patient comatose. The head had arrived within the pelvis—the os uteri being nearly dilated.

The forceps were now resorted to. On presenting my right hand, to pass in the first blade of the instrument, a convulsion came on. The remaining blade was inserted, the instrument locked, and the child extracted with ease, no convulsion occurring. The placenta was easily removed, a convulsion immediately following its discharge. One or two more convulsions also took place within half an hour subsequently, making, in all, say eight attacks.

16th.—At 3, A.M., of the 16th, the patient having slept pretty quietly through the night, awoke and made her appearance in the adjoining room, to commence her house-hold duties, as though nothing had happened out of the common course of things. This was the usual hour of rising with the patient, who recollects nothing that had transpired since some 48 hours before the convulsive attack.

With the exception of slight febrile symptoms lasting for two or three days, and subsiding after the use of antimonials, the patient made a good recovery.* The child, feeble at first, eventually did well. Dr. Buckingham saw the patient in consultation.

CASE II.—Mrs. D., *at. about 27.* First pregnancy—at about the sixth month. I was called to this patient at 2 o'clock, A.M., March 22d. She had just had a convulsion—her first. She had been troubled for about three weeks, with headache, attended with a degree of swelling of the face and neck. These had been particularly marked on the day preceding the above attack. A week previously, the patient awoke in the night, and complained of a singular sensation in the head. She felt as if "her eyes were turning in." On the night of the 22d, a little before 2, A.M., she awoke with the same complaint, and suddenly went into a convulsion. When I arrived she had regained her consciousness, though still bewildered and uneasy. Pulse about 140, small. I immediately narcotized her with sulphuric ether, when the pulse went down to about 90, and the patient presently awoke tranquillized, exclaiming—"how much better I feel." I prescribed five grains of calomel with twelve of jalap, and directed six leeches to be applied to the temples. At 3, A.M., the pulse having become accelerated, and the patient uneasy, she was again etherized and restored to her previous tranquil state. At 4, A.M., the family physician arrived, and I left. During the temporary absence of the latter gentleman I was twice summoned, subsequently, and then and afterwards learned additional facts in the case. The patient had other convulsions at about 5 and 9, A.M.; 12 $\frac{1}{2}$, 2 $\frac{1}{2}$, 4 and 7, P.M.—seven in all. They increased in severity up to the sixth; the seventh, and last being milder than those immediately preceding. At about 5, P.M., the os uteri being largely dilated and the presenting part having settled low down in the pelvis, the membranes were punctured. Late on the ensuing night (March 23d) the patient was delivered of a fetus presenting the breech. At 9, A.M. (23d), the patient had regained her consciousness. She subsequently did well. Etherization was freely persevered in till the birth of the child. There were also employed, in the course of the case, antispasmodics, mercurial and terebinthi-

* This patient was subject to "fits," so called, when a child, and has an older sister still subject to them.

nate purgatives, enemata, turpentine stupes to the abdomen, and sinapisms to the feet.

Remarks.—The free use of ether in these and several other cases of puerperal convulsions, which have lately occurred, and terminated favorably, is worthy of notice. In this connection, also, the comparatively small number of convulsions in each case should be remarked.

MARCH 26th.—*Adherent Placenta.* Dr. STORER referred to a case of morbidly adherent placenta reported by him to the Society in March, 1854, where the adhesion existed throughout the whole of its attachment. He had attended the same woman in labor since the last meeting. The placenta was again firmly adherent throughout, and was with much effort torn from the parietes of the uterus, while the patient was under the influence of ether. Numerous calcareous spicula studded its maternal surface. Dr. S. observed that he was aware that several writers had reported instances of adherent placenta repeatedly occurring in the same patient, and that he had alluded to these cases merely to remark that the patient was a perfectly healthy woman; that she showed not the slightest symptoms of placentitis, nor even of any bodily derangement during either of her pregnancies; that she made no complaints whatever at the time of, or after, her delivery; had no local pain, hemorrhage, or irritative fever—and that the child did not appear to have suffered in either case from the derangement of the placenta, being of the ordinary size, plump and well nourished. In the former instance the child was stillborn, but had evidently died during the labor.

MARCH 26th.—*Tænia.* Dr. STORER, several months since, had reported a case of tape-worm, in which *kousso* did not seem to produce any marked effect. Since referring to this case, the patient has passed seven yards of the worm, at intervals. *Kousso* has been twice exhibited, in half-ounce doses, in infusion, ineffectually. Ordinary cathartics have produced a most decided impression. These experiments were thought to prove that this remedy, which has been by some lauded as a specific, may, like other means, occasionally fail.

MARCH 26th.—*Case of Pertussis at Birth.*—Dr. PERRY reported the case. He attended a woman with her second child in February last. She informed him at the time that her oldest child had hooping cough—and asked if she had better keep the child out of the room or send her away. She was advised to send the child out of the city, and did so immediately. The next day the new-born child began to cough most violently, having the regular whoop. The child had the disease severely, but it did not last the usual time. It is evident that this child took the disease and passed through the first stage of it in utero. This is the first case of the kind that Dr. P. has seen, but he remarked that several had recently been reported in one of the French Journals.

MARCH 26th.—*Case of well-marked Cyanosis, lasting four days; spontaneous disappearance, and no return for six weeks.* Dr. W. E. TOWNSEND reported the case. Was called on the morning of March 6th to attend Mrs. S. She had an easy labor, and was delivered of fine, healthy-looking girl. On the night of March 8th, about forty-two hours after its birth, the child struggled in its sleep and was thought by its parents to be dying, as it began to turn black in the face. Dr. T. was immediately sent for, and, on arrival, found the child looking better in the face, but nearly pulseless and with its extremities cold; it soon, however, revived and appeared well though languid. When visited, on the following morning, it was completely blue and the pulse very feeble. The parents reported that it had a

similar attack during the interval between the visits, and after a slight scream and convulsion again resumed its natural color. It continued in this way from 9 o'clock, Tuesday night, till Saturday P.M., having had, in the mean time, by report of its parents, fifty attacks, all of which were characterized by deep blueness covering the body, loss of pulse, and coldness of the extremities, and terminated by one or two screams and a convulsion. From that time till the present report, the child has had no more attacks, and has been perfectly well. The warm bath, with an occasional aperient, was the only treatment.

April 20th.—There has been no return of the affection.

Dr. CABOT asked if this state was not that termed by writers *atelektasis pulmonum*?

Dr. Townsend replied that he thought this impossible, or at least unlikely; the child was well for two entire days; its pulse was good, and it cried lustily.

Dr. Cabot said that, in certain cases, the manifestation of symptoms in this condition of the lungs was delayed for a time.

Dr. D'RKEE suggested that the state alluded to might be due to a want of action in the capillary vessels of the skin. It would seem that some portion of the channels that convey the blood must be at fault, and the vessels intermediate between the arteries and veins, he thought, would be more likely to be interrupted in their function in so young a subject.

Bibliographical Notices.

Ectopia Cordis, or Cardiac Displacement. An Address read before the Suffolk District Medical Society, Dec. 30, 1854. By BUCKMINSTER BROWN, M.D.

The very interesting and well described case with which the present volume of the Journal commenced, has been put into pamphlet form by the writer. We are glad that this is done, for although it has had a reasonably wide circulation in the pages of the Journal, there are many who will take it up in its present shape, who may not meet with it as originally published.

The rarity of the affection, unless as a result of thoracic effusion, and the accuracy with which the physical examination was made and the symptoms detailed in this instance, make this a very valuable paper.

The account, in its form of an Address to the Suffolk District Medical Society, was listened to with marked interest, and the compliment of "a vote of thanks" passed to its author. At its close, Dr. Brown very feelingly alludes to the loss sustained by the Society he was addressing, in the death of Dr. Samuel Parkman.

We heartily commend this *brochure* to the perusal of those who have not yet seen it, and suggest its preservation among the other *collectanea* of medical libraries.

Reports of the Board of Visitors, Trustees, Superintendent and Treasurer, and Building Committee of the New Hampshire Asylum for the Insane. Concord, N. H. 1855.

We have received from John E. Tyler, M.D., a pamphlet of 32 pages, with the above title. Dr. Tyler is the Superintendent of the Asylum, and, as we judge from his report, has given faithful attention to all his duties. He informs the Trustees in his Report, that it has been ascertained, through

the medium of Circulars sent to every city and town, that there are "some 35 persons, belonging to the State, supported by their friends or guardians, in hospitals in other States;" "more than 550 insane persons" now reside in the State, only 155 of whom are in this Asylum.—(Page 15.)

An urgent and very warrantable appeal is made, in consequence of the existing circumstances, for "increased accommodations for the insane."

A building is now in progress, for which an appropriation was made by the Legislature of last year. A hope is also expressed that a further appropriation may be made by the Legislature, and that the "indigent insane" who constitute "more than half" of such patients, in New Hampshire, may derive aid from a portion of it.

The farm belonging to the Institution appears to have been made very available; having, during the past year, "contributed to the support of the patients a net income of at least one thousand dollars."—(P. 18.)

Very many individuals have contributed to the advantages, comforts and luxuries of the Asylum. We notice that donations of durable oil-cloth carpeting, books, newspapers, engravings, flowers and green-house plants, &c., are thankfully acknowledged.—(P. 18.)

We trust every facility will be afforded by the Legislature, and through private liberality, for placing this valuable Institution in the most secure and flourishing condition. There can hardly be better use made of public funds than to bestow them upon the large and increasing class of sufferers so peculiarly dependent as the insane; and we may add, that it is not only policy, but justice and duty, to render the Superintendent of every such hospital entirely free from that anxiety and embarrassment which arise from faulty or deficient means and arrangements. In this way only can he satisfactorily discharge his duties for the benefit of all concerned.

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, JULY 5, 1855.

MASSACHUSETTS MEDICAL SOCIETY.

THE annual meeting of the Councillors and of the Society took place at Springfield, on Tuesday and Wednesday of last week. At the meeting of the Councillors, Dr. Elisha Huntington, of Lowell, was elected President of the Society, in place of Dr. George Hayward, who declined re-election. Dr. Luther V. Bell, of Somerville, was elected Anniversary Chairman, and Dr. John G. Metcalf, of Mendon, Orator, for the anniversary of 1856. According to the almost unanimous desire of the members from other parts of the State, the next anniversary of the Society will be celebrated in Boston.

The annual meeting was held in Hampden Hall. In addition to the ordinary business, several papers of a scientific character were read. A Committee was appointed to propose modifications of the By-Laws relating to the admission and expulsion of Fellows, and the Society adjourned for two weeks, to receive their Report and to act on the question of the expulsion of a Fellow, with regard to whom such action was recommended by the Suffolk District to the Parent Society. The utmost harmony prevailed throughout the discussions. There was a full attendance of members from the portion of the State in which the meeting was held, though, with the exception of Suffolk, the Eastern counties were scantily represented.

At one o'clock, the annual address was delivered by Dr. Augustus A. Gould, of Boston. As it will soon be published for distribution to the members, we refrain from further comment than that its excellence was attested by the attention with which it was received, and by the warmth with which the sentiment "The Orator of the Day" was welcomed at the anniversary dinner.

After the delivery of the address, a procession was formed, under the direction of Dr. Ezra Palmer, Jr., Chief Marshal, and proceeded to the Warriner House, where a sumptuous repast was provided. Dr. William J. Dale, of Boston, discharged the duties of anniversary Chairman in the most felicitous manner. We regret we cannot give the details of the sentiments and speeches by which the interest of the reunion was maintained to an unusually late hour. Appropriate replies to sentiments were listened to from Drs. Hayward of Boston, Deane of Greenfield, Gould of Boston, Chaffee of Springfield, Ware and Shattuck of Boston, Mauran of Providence (R. I.), Thompson of Charlestown, Willard Parker of New York, and Mackie of New Bedford.

Rev. Mr. Tiffany, of Springfield, expressed most appropriately and eloquently the feelings of mutual regard which should actuate the two brotherhoods in the mission of healing. Dr. Holmes illuminated his response with sparkling gems of verse. A letter was read from Dr. Jacob Bigelow, of Boston, enclosing a sentiment. Dr. Thompson, of Charlestown, in responding to a sentiment in honor of the memory of Warren, who fell on Bunker Hill, spoke in glowing terms of the patriotic spirit which animated him and other members of the profession who were among the signers of the Declaration of Independence, or who aided in the success of the revolutionary struggle. He also alluded to the labors and sacrifices of a later generation of physicians in their unwearying devotion to the welfare of the communities in which they lived; and referred as an example of heroic bravery and self-denial, to the career of the late Dr. Ebenezer Dale, of Gloucester, the father of the presiding officer, who, though himself the victim of mortal disease, never hesitated or faltered in the discharge of the most arduous professional duties, fulfilling them in tempest or sunshine, among the poor or rich, with the same unvarying kindness.

The Committee of Arrangements deserve much praise for the manner in which their duty was accomplished. Many attentions were shown by the citizens of Springfield, by hospitable invitations; and in conducting members of the Society in various delightful excursions in the vicinity. The novel attractions of the U. S. Arsenal, its workshops, and the glorious view to be enjoyed from the top of the principal building, were appreciated by a large number of visitors. Others improved the hours, previous and subsequent to the meeting, in excursions along the beautiful valley of the Connecticut. Every one spoke of the occasion as one of the most delightful which it had ever been their fortune to enjoy, and of Springfield and its people as certain to be long held in remembrance.

MEDICAL ASSOCIATION OF SOUTHERN CENTRAL NEW YORK.

A correspondent furnishes us with the following account of the anniversary meeting of this Association. A large number of papers appear to have been read, and we are glad to notice so much evidence of a flourishing condition of the Association.

MESSRS. EDITORS.—The late meeting of the Medical Association of Southern Central New York was held at Elmira, on the 5th and 6th inst.

The attendance was moderately full, and the spirit animated and eminently encouraging. Never were the benefits of association more clearly exhibited than in the results of the annual gathering of this Society.

Among the papers read may be mentioned the able address of the President, Dr. French, in which he discussed the history and treatment of *ovarian tumors*; Dr. Hyde, on rupture of the uterus; Dr. Burr, on the pathology of croup; Dr. Allen, on alcoholic stimulants, and a report on obstetrics; Dr. Daniels, on opium and mercury in dysentery, and on accidental cure of hydrocele; Dr. Swain, on epidemics and endemics; Dr. Holmes, on excision of the tonsils, and on chloroform in peritonitis; Dr. Green, on lemon juice in rheumatism; Dr. Moe, on surgery of Tompkins Co.; Dr. J. G. Orton, on chemical pathology, a report on surgery, and on vital statistics of Broome Co.; Dr. N. R. Derby, on excision of the astragalus, and a report on obstetrics; Dr. Arnold, a report on epidemics in Tioga Co.; Dr. Nivison, on surgery; Dr. Brooks, on rupture of urethra; Dr. Jerome, on obstetrics; Dr. S. West, on hemiplegia; Dr. H. S. West, on sub-acute pleurisy; Dr. Woodward, on endemics and epidemics of Chemung Co.; Dr. Kingman, a report on obstetrics; and Dr. Eastman, a report on the surgery of Tioga Co.

Dr. French offered the following resolution, which was unanimously adopted:—

Resolved, That this Association hails with pleasure the effort now undertaken by Dr. Stephen Smith, of New York City, to collect and systematize all the knowledge now to be obtained on the subject of Medical Jurisprudence in its application to the practice of medicine, surgery and midwifery; and that we as members feel bound to aid him by furnishing him material for the work, and by purchasing the same when published."

The importance of such a work as the one alluded to in the resolution—a distinct work on Mal-practice—is becoming more and more felt. Let each medical man who has any facts bearing on this subject, communicate them to Dr. Smith, at No. 183 Hudson street, New York City. Dr. Smith is one of the editors of the N. Y. Journal of Medicine, and is also one of the Surgeons of Bellevue Hospital—a man, we are persuaded, every way qualified for the task of writing a work of this kind. Let reports of trials be forwarded, as they will make the work more complete; and if they are promptly communicated, the work will be sooner brought before the public. Facts relating to *threatened* suits for alleged mal-practice, will have their value. The collection of the facts thus brought together will result in the establishment of principles for the guidance of the courts, which will be of the greatest value to the profession, and "will strongly tend to arrest the indiscriminate prosecution to which medical men are now subjected."

The officers of the Association for the ensuing year, are—Dr. N. R. Derby, of Elmira, *President*; Dr. George Burr and Dr. H. N. Eastman, *Vice Presidents*; Dr. T. H. Squire, *Recording Secretary*; Dr. J. G. Orton, *Corresponding Secretary*; Dr. J. H. Jerome, *Treasurer*. The next annual meeting will be held in Binghamton.

C. G.

June 26, 1855.

ACCIDENTAL POISONING.

WE have already called attention to the numerous accidents which have occurred from exposing poisonous or dangerous mixtures in families, without carefully designating their nature. A melancholy case, which was briefly noticed in our last number, induces us again to remind our readers

of the risks to which their patients may be exposed by the omission of proper precautions. The contents of a closet which was being cleared were placed upon a table, and among them was a vial containing a quantity of the pernitrate of mercury. A child, playing about the room, drank off the contents of the bottle unobserved, and in consequence died. The coroner's jury found that there was no mark upon the bottle to designate the dangerous nature of its contents, although it appears that the label bore a number corresponding to the physician's prescription. We know some physicians who never order a medicine of this nature without directing the word "Poison" to be inscribed on the label. This is a good rule, and had it been followed in this instance, it is probable that the accident would not have happened.

HEALTH OF THE CITY.

DURING the week ending June 23d, there were ten deaths from smallpox, in this city, out of a total mortality of 69, being a proportion of more than 14 per cent. Assuming the mortality of the disease to be 1 in 4, the number affected with smallpox during this time was 40. It is thus evident that notwithstanding the inducements for vaccination held out by the city government, a considerable number of persons neglect to avail themselves of this means of warding off so loathsome and fatal a malady. It is probable, from the known precautions of most European governments in causing all classes of their inhabitants to be vaccinated, that a considerable number of the victims were Americans. We are inclined to believe that the practice of vaccination is much neglected in our country towns, and as far as our observation goes, this is particularly the case in the thinly-settled districts of Maine, which furnish a considerable number of our female domestics, many of whom come here without having been protected. A few days since, a countryman from that State, while visiting Boston, called upon us "to get inoculated for the smallpox," but not only declined submitting to the operation of vaccination on account of what he considered our exorbitant fee (one dollar), but would not even take the trouble of applying at the office of the City Physician to have it done for nothing. We really think the laws ought to compel parents to exhibit satisfactory evidence that their children have been vaccinated within a certain period after birth. It may be safely asserted that one-seventh of the deaths during the week were unnecessary.

Consumption, as usual, heads the list—the number of victims being 12, or 17 per cent.; a large number for the season, but probably caused by the unusually low temperature during the month of June. The same reason may be assigned for the unusual number of deaths from pneumonia, being 6, or 8 per cent. The mortality from other diseases respectively was small. On the whole, the number of deaths is large for the season, which is usually reckoned among the most healthy throughout the year.

EXTRIPATION OF THE UTERUS.

A CASE of successful extirpation of the uterus, where the operation appears to have been performed through the abdominal walls (though this is not stated), was reported to the London Medico-Chirurgical Society in April last, by Mr. John Windsor, of Manchester. The operation was performed in 1818, and an account of it was printed in the tenth volume of the Society's Transactions. The woman died October 27, 1854, from an accident, at the age of 68. For two years after the operation the patient

had discharges of coagula at intervals varying from two to six months, but these ceased after the age of 50. At the autopsy, the os uteri was apparently in its normal state, and about half an inch in width. A probe passed into it about three eighths of an inch. Some remains of the Fallopian tubes and ovaries were found. The case is rendered additionally interesting from the fact that the woman was four times the subject of strangulated hernia; and that on the first occasion, no surgical treatment being permitted, the tumor sloughed, and faeces were discharged from the wound, and in six weeks the opening spontaneously closed. She was afterwards twice operated on, at intervals of six weeks.

EMPLOYMENT OF CHLORATE OF POTASH AS A TOPICAL APPLICATION.

WE have often employed this medicine internally, apparently with great success, in aphthous and other affections of the mouth, in children. We notice in a recent number of the *Lancet* that it has been used by Mr. C. H. MOORE, Surgeon to Middlesex Hospital, London, in solution, in the proportion of one drachm and a half to three drachms to one pint of water, with benefit in cases of indolent ulcer and phagedena, in cleansing cancerous sores, and as an application to the mucous membrane of the nose, mouth and tongue, in cases of ozæna, and secondary ulceration. Mr. Moore suggests that its beneficial effects are probably due to its setting free oxygen, and proposes it in some forms of dysentery with affections of the lower bowel. Mr. Cæsar Hawkins has also employed the solution with tincture of myrrh in cases of phagedenic ulceration, with good effect. For internal use, he recommends from half a drachm to a drachm in a larger quantity of liquid.

VERMONT MEDICAL COLLEGE.

IT gives us pleasure to be able to announce the success of this Institution. From the new Faculty, the organization of which was only made last year, a most brilliant and thorough course of lectures has emanated, and the constancy with which the class continued their attendance, up to the end of the term, demonstrates more forcibly than could any other fact, the interest excited among the students. From what we know of the men, we may be allowed, without making invidious distinctions, to allude particularly to the lectures on anatomy, and physiology, the former recurring during the first half, the latter during the remainder of the term. Dr. Elliot's course on anatomy was unusually instructive from his novel arrangement of the subject, the organs being taken up in their natural relations, instead of being classified, according to similarity of tissue, so that the connection with physiology, practical medicine and surgery, became more evident. His lectures had also the signal advantage of being illustrated by a large number of dissections, prepared in such a way as to be passed around the class, so that each student could see and handle the part lectured upon. In connection with this course, two evenings in the week were devoted to microscopic examinations, which were made available to the whole class by means of five excellent microscopes.

The lectures on physiology, by Dr. John C. Dalton, Jr., were introduced by an admirable course on microscopic anatomy, illustrated, as, indeed, was the whole series of lectures, by numerous diagrams and plates. Traversing the whole ground of physiology so far as the limit of eighty lectures would allow, particular stress was, however, laid upon the subjects of nutrition and re-production. All the vivisections, which in the hands of Bernard have led to such splendid results, were repeated before the class. The ac-

tion of all of the digesting fluids was examined in this manner, by means of fistulous openings. The various other phenomena, such as those referring to the nervous system, &c., which are more readily demonstrable to the eye, than understood from the study of books, were so presented that all had the opportunity of seeing for themselves. His lectures closed with an exceedingly interesting course on embryology, in the pursuit of which he has already attracted much attention elsewhere.

The course on surgery was of the most thorough and practical character, and the students had the opportunity of witnessing a considerable number and variety of operations. It is customary for persons requiring surgical treatment, in all the neighborhood, to present themselves during the session, when they receive attendance without charge. Many of the patients who came for operations were from a distance of 25 or 30 miles from Woodstock, which indicates the high appreciation in which the College is held.

In fact, all the lectures were of a high order, and it is for the want of space that we have selected three out of the eight courses, for our remarks.

Sudden Death in a Case of Latent Pneumonia. By T. J. ASHTON, Esq.—A hawker of cutlery had been ailing for two or three days, and on Jan. 14th was found dead in his bed. The whole left lung was in an advanced stage of pneumonia; the right lung was hepatized. There had been no symptom pointing to the disease during life.

Dr. Quain said that Mr. Ashton's case was one of extreme interest from its intimate resemblance to another of equally peculiar character. A man of middle age and stout conformation had been noticed as ailing during one day, and on the next morning he was found in bed, insensible, and breathing heavily. A surgeon was sent for, who pronounced the man apoplectic, and bled him freely. He died during or immediately after the operation. There was no disease of the brain. There was found extensive pneumonic inflammation of the right lung.—*Association Med. Jour.*, 1855.

Formula for the Internal Use of Chloroform.—M. DANNECY, pharmacien at Bordeaux, recommends the following formula:—Pure chloroform, half a drachm; oil of sweet almonds, two drachms; gum arabic, one drachm; syrup of orange flowers, one ounce; distilled water, two ounces;—mix the chloroform with the oil, and make an ordinary oily draught. The author also gives a very ready mode of testing the purity of chloroform. Mix the latter with some oil; if the chloroform be quite pure, the limpidity of the oil will not be destroyed; whereas, any chemical impurity, however small, will give rise to a cloud.—*London Lancet*.

Communications Received.—Case of Double Pneumonia; Case resembling Tetanus; Review of Dr. Tyler Smith on Leucorrhœa; Case of Infantile Syphilis; Life Insurance Companies, and their Treatment of the Medical Profession.

Books and Pamphlets.—Sixteenth Annual Announcement and Catalogue of the Baltimore College of Dental Surgery. Baltimore: John W. Woods, Printer. 1855.—Rushton's Treatise on Cod-liver Oil, &c. New York: 1855.—Obstetric Clinique. By Gunning S. Bedford, M.D. S. & W. Wood. New York: 1855.—The Therapeutic Institute. Attica, N. Y.: 1855.

Deaths in Boston for the week ending Saturday noon, June 30th, 55. Males, 31—females, 24. Accident, 1—*inflammation of the brain*, 1—*congestion of the brain*, 1—*consumption*, 13—*convulsions*, 2—*cholera morbus*, 1—*croup*, 3—*dropsy in the head*, 2—*drowned*, 1—*debility*, 2—*infantile diseases*, 7—*erysipelas*, 2—*typhoid fever*, 3—*disease of the heart*, 3—*haemorrhage of the lungs*, 1—*inflammation of lungs*, 1—*jaundice*, 1—*rheumatism*, 2—*pleurisy*, 1—*suicide*, 1—*small-pox*, 1—*teething*, 3—*tumor*, 1—*worms*, 1.

Under 5 years, 23—between 5 and 20 years, 6—between 20 and 40 years, 17—between 40 and 60 years, 7—above 60 years, 2. Born in the United States, 36—Ireland, 15—Germany, 2—Spain, 1—England, 1.

Illness of Dr. Page, of Louisiana.—The following notice, from a Vicksburg newspaper, will be read with interest by physicians in this part of the country. Dr. Page is well known to many of our readers as a son of the late Dr. Benjamin Page, of Hallowell, Me., and a frequent contributor, in former years, to the pages of this Journal.

"We regret to learn that Dr. Page, of Louisiana, continues seriously ill, at his brother's residence, in Hinds County, where he has been confined for several months past, from the effects of a pernicious fever, which seized him soon after his return from his charitable visit to Franklin, during the epidemic of last autumn. We understand his family have just rejoined him from Washington City. Late accounts are more favorable of his recovery, and his friends now confidently hope that he may be restored, to resume his medical practice, in which he has so long been eminently and successfully engaged. Dr. Page's illness, at the present moment, is of public and professional concern, as his elaborate work on Cholera and Yellow Fever, which was announced ready for the press some time since, awaits his recovery for publication."

Treatment of Vaginitis.—The *Union Medicale* of Jan. 18th, contains an interesting paper by MM. Becquerel and Rodier, on the different modes of treatment employed in vaginitis, founded on observations made at the Hospital of Lourcine, at Paris. Although no description is given of the disease, we presume that most of the cases were those of acute and chronic *gonorrhœa*, as the hospital is designed exclusively for the treatment of the venereal diseases of women. The following applications were employed for a considerable length of time upon a large number of patients.—1. A concentrated solution of nitrate of silver.—2. A more diluted solution of the same (16 parts of the salt to 120 of water).—3. The solid nitrate of silver.—4. Tincture of iodine.—5. An ointment composed of lard and alum.—6. A concentrated solution of tannin.—7. Benzia, employed internally, as well as locally. Of all these applications, the writers consider the concentrated solution of tannin (equal parts, by weight, of tannin and distilled water), applied directly upon the inflamed mucus membrane of the vagina, to be the best, as being the least painful, and least offensive. Of 28 cases treated in this way, all were cured, the average time being from 20 to 27 days, and the number of applications from 7 to 8. The tincture of iodine was found to be an excellent application for chronic and acute vaginal leucorrhœa, not accompanied by an inflammatory condition of the mucous membrane; requiring between 12 and 13 days, and 4 or 5 applications.

Cancer of the Bladder, Uterus and Vagina.—By WEEDON COOKE, Esq.—Mr. Cooke exhibited (to the *Harveian Society*) the bladder, uterus and vagina of a young woman, aged 29, who had died of cancer of these organs. The disease had commenced three years previously (at 26 years of age), just subsequent to a confinement with a still-born child. There was no hereditary predisposition discoverable in this case; and Mr. Cooke stated that such predisposition is only shown in 17 in 100 cases, as observed by him in 500 cases of true cancer. The microscope displayed the true cancer-cell in this instance; and Mr. Cooke believes it may be seen in all cases of scirrhus and epithelial cancer, although often absent in the medullary form of the disease. The youth of the patient was somewhat remarkable, inasmuch as the average age of women who have come under treatment for this disease at the Cancer Hospital, is 43 years. For three weeks before death, the patient had passed her urine involuntarily, owing to—as was shown in the pathological specimen—an ulcerated opening from the bladder into the vagina.—*Association Medical Journal*, 1855.

Calculus adherent to Bladder by means of a Needle.—By J. SIMON, Esq.—Mr. Simon, a few days ago, performed the operation of lithotomy on a boy about 6 years old. After removing the calculus, he felt something in the bladder, which, on removal, proved to be the head half of a needle. The other part of the needle was found in the calculus. Mr. Simon supposed that the needle had been introduced from the rectum, and that the portion which projected into the bladder had served as a nucleus for the calculus.—*Ib.*